

# Exploring Contributing Factors to Oral Health Disparities Seen Among Adult Immigrants



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## Introduction

The objective of the research study was to help identify sociodemographics, socioeconomic status, and cultural barriers that may have been a contributing or limiting factor to immigrants' oral health. Each of these factors were looked at closer by narrowing down possible subproblems among three immigrant social groups of Brazilian, Indian, and Korean ethnicities at the researchers' respective local churches (4 in total). A total of one-hundred and forty-nine subjects ( $n=149$ ) were involved in the research study.

Demographics	n (%)	Frequency of Dental Appointments	n (%)
Brazilian	50 33.56	More than twice per year	9 6.08
Indian	44 29.53	Twice per year	33 27.70
Korean	55 36.91	Once per year	41 22.30
Age		Less than once per year	15 10.14
18-24	7 4.70	Only when I have problems	37 25.00
25-34	25 27.52	Never	13 8.78
25-44	41 16.78	Dental Problems	
45-54	45 30.20	Gum Disease	34 27.42
55-64	21 14.09	Discomfort	2 1.61
65+	10 6.71	Pain	1 0.81
Female	78 52.35	Cavities	27 21.77
Male	71 47.65	Missing Teeth	12 9.68
Private Health Insurance		Full/Partial Dentures	0 0.00
Yes	63 42.28	None	79 63.71
No	86 57.72	Other	6 4.85
State Health Insurance	28 19.18	Reason for irregular dental maintenance appointments	
No Insurance	54 36.99	Anxiety	13 10.00
Fluency of English		Cost	72 55.38
Minimal	21 14.29	Language Barrier	10 7.69
Able to communicate w/out assistance, but not fluent	30 20.41	Transportation	0 0.00
Intermediate	41 27.89	Bad Experience	7 5.38
Fluent	55 37.41	Comprehension problem	2 1.54
		Other	12 9.23
		I have regular maintenance appointments	14 10.77

## Methods

A 14-question multiple-choice and rating scales survey was used to explore an individual's values, beliefs, understandings, experiences, and perspectives of oral health challenges through their individual survey responses. No qualitative measures were utilized since no interviews were conducted, nor open ended questions provided on the survey. The University of Bridgeport's Institutional Review Board (IRB) was contacted for approval. The survey asked various questions such as demographics that may be the relative factors responsible for oral health disparities. These demographics include, but are not limited to age, sex, socioeconomic status (SES), income, state or private health insurance, household size, transportation, and English language proficiency. Participants' personal identification was not disclosed at any point in the research, aside from their ethnicity and age. However, these identifiers were calculated as an average of all participants and not on an individual basis.

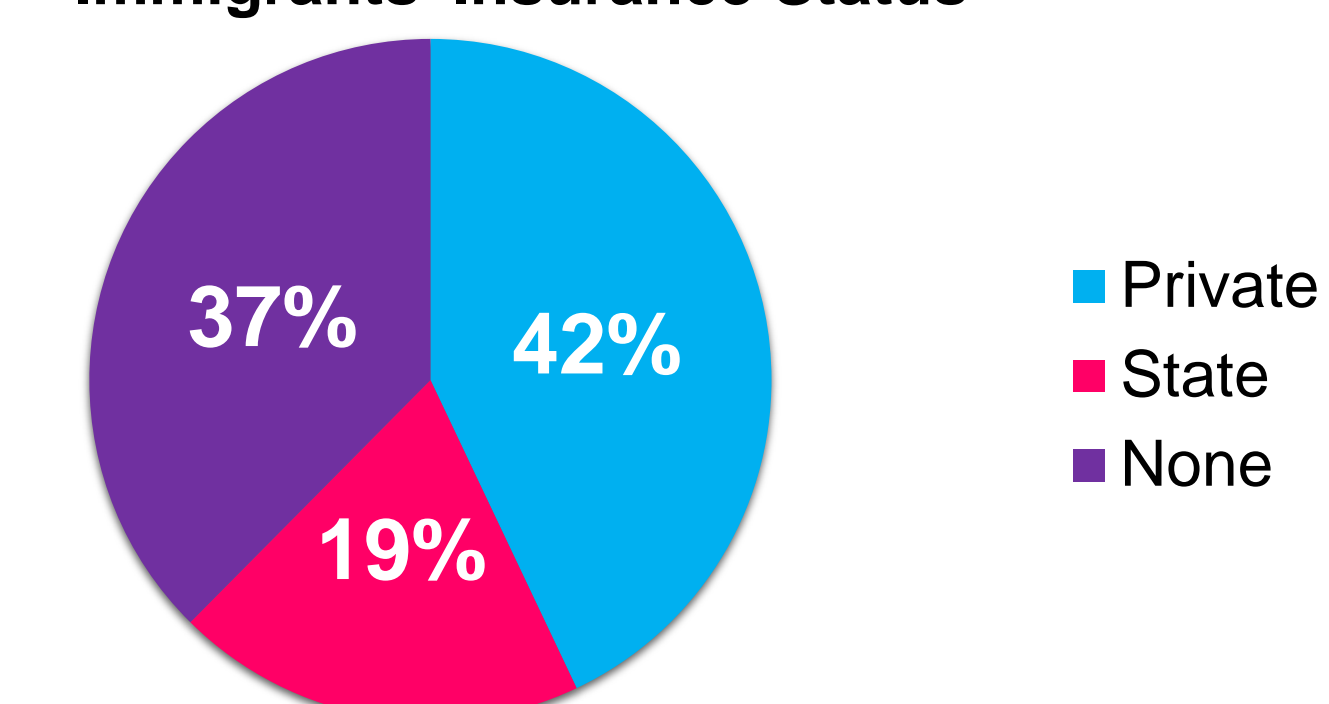
## Results

The purpose of the research study is to analyze whether oral health disparities are greater in the immigrant population due to various limiting factors.

The 36.99% ( $n=54$ ) of the three ethnic immigrants did not have any form of insurance.

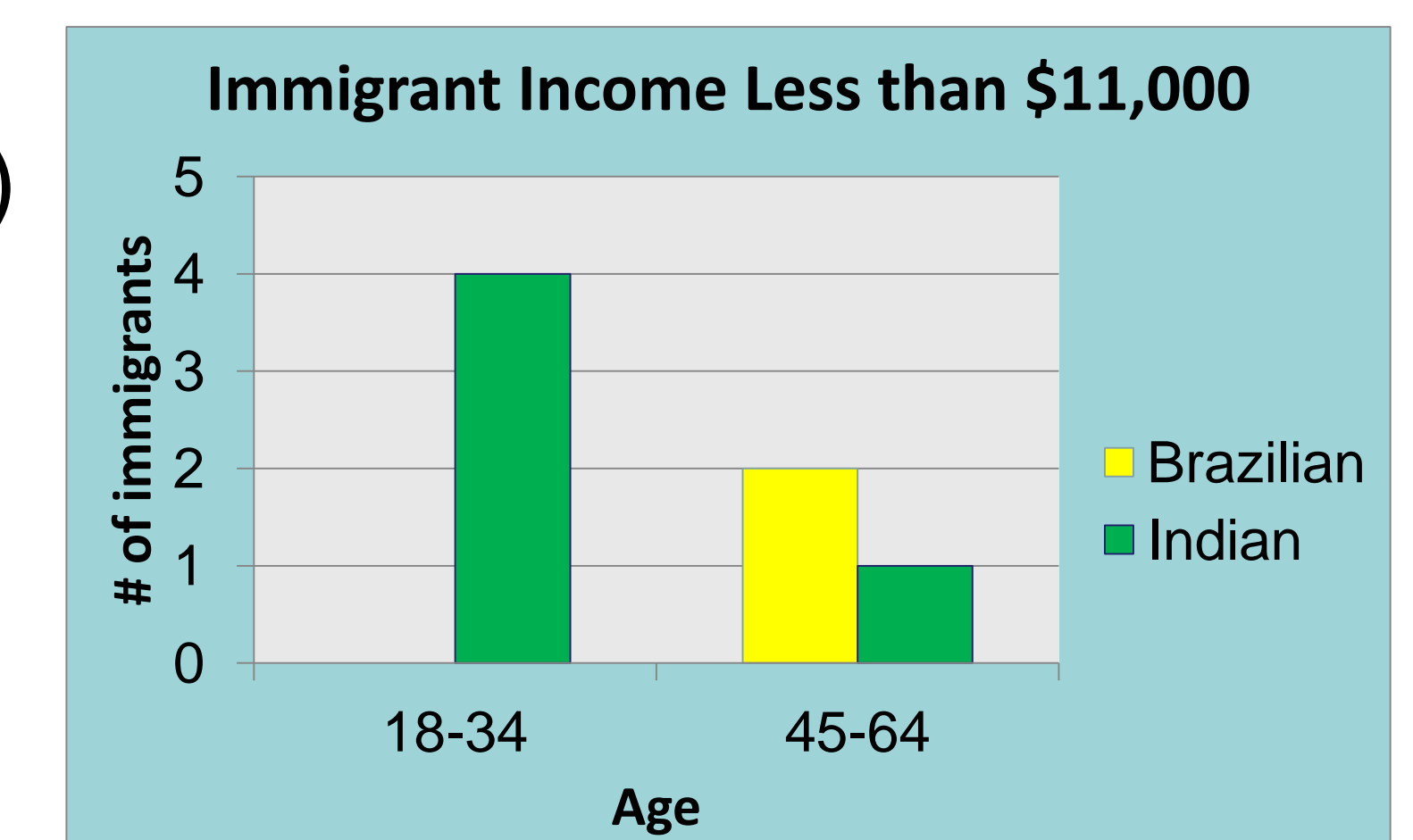
55.38% of irregular dental appointments were mainly due to cost ( $n=72$ ).

Immigrants' Insurance Status

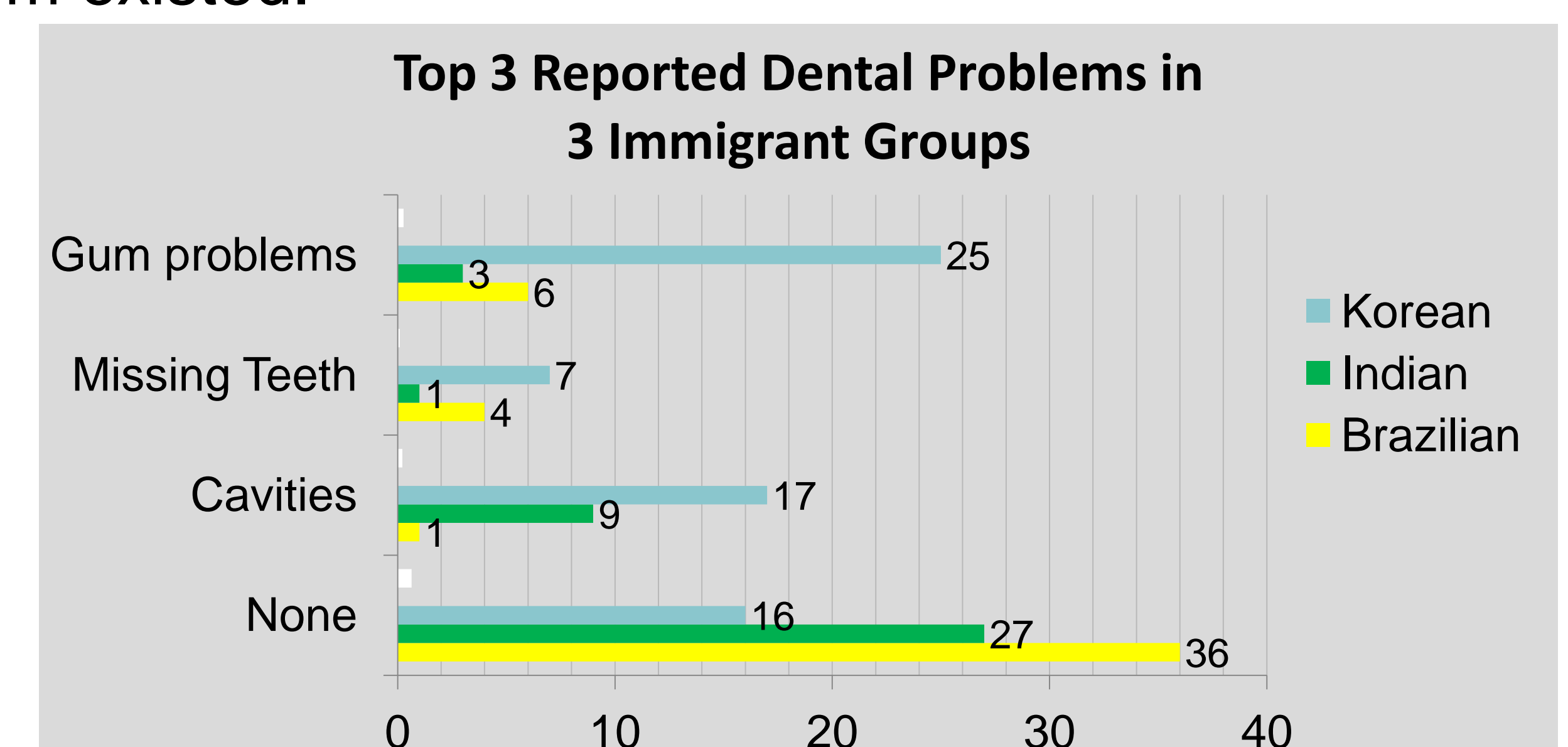


Two thirds of the sample ( $n=97$ ) reported a household income of less than \$60,000 per year.

Seven (5 Indian & 2 Brazilians) respondents reported an income of less than \$11,000, below poverty guideline.



The most significant dental problem were cavities (21.77%). However, 63.71% ( $n=79$ ) of the participants stated that no dental problem existed.



## Conclusions

Following a thorough review of the results indicated that no distinction may be made whether oral health disparities are evident in immigrants due to incomplete responses and lack of dental knowledge. The limited number of responses in a small community setting make the results less generalized to the greater U.S. population of immigrants. Further studies may be necessary to firmly draw the conclusion and statement that immigrants do face oral health disparities.

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